BUREAU Y. S.

9561 LT 43S

the Command and Address 1 to 10 of the 64 CD

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VS A15 (4) 15M 9/55

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1. PLACE OF DEATH a. COUNTY	Wicomico		MARYLAI	O STATE	DENCE (Where dece Maryland	ased lived. If institution b. COUNT	v	efare admission	on)
b. CITY OR TOWN (I RURAL and give re Rural	f outside corporate limi earest town) Rebron	its, write	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside co	rporate limits, write	RURAL and give	nearest town)	X
	R.D.#	give street o	address)	d. STREET A			Though delin	e. IS RESID ON A I	FARM?
3. NAME OF DECEASED (Type or print)	ELSI.		Middle MARY	BAILE	05	43333			9 56
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCED			9. AGE (In years lost birthday) 60 yrs		AR IF UNDER	-
auring mast at work	ON (Give kind of work a king life, even if retired ork at Home		None	R. D.	Girdletr MAIDEN NAME			OF WHAT	COUNTRY?
	F. Carter				Connelly			4	
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) 16. S	SOCIAL SECURITY NO.	Mr. Carl M.	Bailey(Hu	sband)R. D	Rura	1	
Conditions, if o gave rise to i cause (o), stating lying cause lost.	mmediate the under-		Hyper	Lensio Myo	rlus and	tho	0	Hys Gys	N N
ICATI			ONTRIBUTING TO DEATH	0			VEN IN PART 1(o	PERFOR	SWEDS
	CAUSE OF DEATH		IJURY OCCURRED 20						
20c. TIME OF INJUR Hour o. st. p. m.	19	While at wark	Nat while	foctory, street, office	a bidg., etc.)	Lify or lawn)	(Cauni	γ)	(State)
ACTUAL SIGNATURE	tot I attended the	5, 12 J	and that de	m.D. Max		am the causes (Street, city or town	. slate) Sept. e	date stated	
220. BURIAL CREMATIO REMOVAL (Specify) BUTIAL	Oct. 3.1	956		Cometary		CATION (City, lawn, alisbury,		(State)	
23. FUNERAL DIRECTOR		NERAL	AODRESS HOME - SALI	SBURY, MD	240. REC'D BY REG	1STRAR 245 REG	ISTRAR'S SIGNAT	URE	4.40

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director,

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9771 CERTIFICATE OF DEATH

119736

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Wicomico Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Salisbury vears Hurlock d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION Deer's Head State Hospital YES NO NAME OF DECEASED First Middle Last 4. DATE Month Year Day OF DEATH (Type or print) Samuel Bradlev Sept. 1956 Henry 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. Mala White Months Days Hours July 20, 1866 Min. WIDOWED A DIVORCED T 90 yrs 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Earm Owner Retired Farmer Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bradley Sara Walker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Uhk. Hospital Records None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour o. ft. foctory, street, affice bldg., etc.) While Nat while at work at work Mar. 10 14. 1956 that I last saw the deceased 21. I certify that I attended the deceased fram\_ Sept. , and that death occurred at 1:05PM, from the causes and an the date stated above Sent ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Deer's Head State Hospital PHYSICIAN'S Andres Grisolia. M. D. Salisbury, Maryland NAME (Type) 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Vienna Cemetery Sept. 16,1956 Vienna, Paryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR

DATE

Son. Federalsburg, Maryland

Framptom and

BUREAU V. S. 9561 61 d3S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

119758

Reg. Dist. No.....

31

I. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY Wisemice	MARYLAND	4	yland county	Wicomico					
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside c	orporete limits, write RURAL en	d give neerest town)					
IOWN Salisbury	6 days	TOWN	Fruitland	X					
HOSPITAL OR	1 0 days	STREET	(If rurel give	location)					
INICTITUTION OR		ADDRESS		100					
	eneral Hespital		Park St						
3. NAME OF (First) DECEASED	(Middle)	(Lesi)	4. DATE [Mont	h) (Dey) (Yeer)					
(Type or Print) Gladys	Rebecca	Campbell	DEATH 9	- 24 - 1956					
		E OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR TIF UNDER 24 HRS					
RACE WI	DOWED, DIVORCED,			Months Deys Hours Min.					
T. CHIST & ATT ATT		10-1910	46 yrs.	1   14					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?					
retired Laborer	Chicken Plant	Port smouth,	Virginia	U.S.A.					
13. FATHER'S NAME	O THE LEWIS OF THE PARTY OF THE	14. MOTHER'S MAIL							
Mack Camb			Amme.	Campbell					
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	& ADDRESS						
(Yes, no, or unk.) (If Yes, give wer or deles of set	231-34-3784	Virginia	a Branch, Frui	tland, Md.					
ANTECEDENT CAUSE(S)  ANTECEDENT CAUSE(S)  DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	disease	enl Carli	O CADZIOVAC	) (MUVEM					
	R FINDINGS OF OPERATION			20. AUTOPSY?					
				YES NO Z					
210. ACCIDENT WAS UNDERLYING 21b. FOR CONTRIBUTING CAUSE OF DEATH OF INJ	PLACE (Home, ferm, fectory, URY street, office bldg., etc.)	21c. WHERE DID INJURY O	CCUR? (City or town)	(County) (State)					
21d. TIME OF INJURY (Month) (Dey) [Year] (		211. HOW DID INJURY O	CCUR?						
	M. et work et work								
22. I hereby certify that I attended alive on	MANE OF CEMETERY	Sale	DORESS (Street, city, town	ate stated above.  DATE SIGNE  9-28-5					
24. REC'D BY REGISTRAR REGISTRAS'S	SIGNATURE SIGNATURE	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS ome, Salisbury, M					

### STIR CERTIFICATE OF DEATH

BUREAU V. S.

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				LAND ST	ATE DEPART	MENT OF			10RE, 18	69	9759	32~
	1.	PLACE OF DEATH a. COUNTY	Wicomico		MARYLAN	2. USUAL R	ESIDENCE (WI	nere deceased live		Reg. Dist. No Residence before Wicomi	ore admissi	on)
. 12		b. CITY OR TOWN (I RURAL and give re	If outside corporate limi earest town) Salisbur		LENGTH OF STAY IN	b c. CITY (	-	pulside corporate	imils, write RUF			,
		d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g 314 Rac	jive street addr	ess)	d. STREE	T ADDRESS	Race St	, ,		e. IS RESI	DENCE FARM? NO
	3	NAME OF DECEASED (Type or print)	MYR'I		Middle ELIZABE!	TH CAME	ton BELL	4. DATE OF DEATH	Month SEPT.	2		o 56
	5.	Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<b>-</b>	er 10,1	IONS   IO		FUNDER 1 YEAR		·
1	100	USUAL OCCUPATION during most of work	ON (Give kind of work oking life, even if retired	done 10b. KINI	None	IDUSTRY 11. 8IRT		or foreign country	Marylan	12. CITIZEN O	S A	COUNTRY
5	13.	Nathan Co	ouhbourne				er's maiden n	IAME	, , ,	<u> </u>	<u> </u>	
inou.Z/	1\$. (14		R IN U. S. ARMED FOR (If yes, give wor or dates of s			7. INFORMANT	H. Campi	cell(Hus	and 31	4 Race	St.	
			ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	(a), (b), and (c).]	t C	arelea	2	104	Tion on	ERVAL BET SET AND	WEEN DEATH
משל פעם משל של פעם		Conditions, if a gave rise to i	mmediate (	~	green.	tral -	Type	esteus	Morais.			
Duo 'i		lying cause fast.	HER SIGNIFICANT CON		RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITION GIVEN	N IN PART 1(a)	19. WAS A	UTOPSY
3	TIFICATI	20a. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter natur	e of injury in F	Part I or Part II of	item 18.)		PERFOR YES	
5	CAL MERTI	20c. TIME OF INJUR	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Yeo	or 20d. INJUR	Y OCCURRED 20e	PLACE OF INJUR	Y (Home, farm	. 20f. (City or to	wn]	(County)		(State)
5	MEDICAL	Hour a. n. p. m.	19		Not while at work	factory, street, of	ffice bldg., etc.	0/2/				
5		alive on	at I attended the		_	oth occurred			causes and		ate state	d abave.
prior to		ACTUAL SIGNATURE	Mary	173/	Fruit!	M.D. Mod		ADDRESS (Street,	cily or town, sto	Sept.		1956
gistrar	<u></u>	PHYSICIAN'S NAME (Type) DI			M.D.			Marylan				
the re		BURIAL CREMATIO REMOVAL (Specify) BUT181	Sept. 30	-	Bethel (	OR CREMATORY		22d. LOCATION	(City, lown, or	**	(Stole)	
Dr.		FUNERAL DIRECTOR'	S SIGNATURE COMPANY FU	NERAL E	ADDRESS.			BY REGISTRAR	24b. REGISTR	AR'S SIGNATU	RE	4-18-11-
मिर 41 क								11 12)	1100	11		- 33

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Marvland Wi comi co Wi comi co MARYLAND buriol, b. CITY OR TOWN If outside corporate limits, write RURAS c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and area negrest found 19 Salisbury life Salisburv d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA Catherine Street Peningula General Hospital YES TO NO PA NAME OF DATE Middle Month Day Year YOUR funeral DECEASED DEATH (Type or print) Julius 19 56 Church a... 10 retained for 3 5. SEX 6. COLOR OR RACE 7- MARRIED THEY MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS last berthday) Months WIDOWED TT M DIVORCED [7] 906 yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gug Oaks Resturant Quantico. Md. US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Church Ella Birchhead 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address <u>Give</u> 214-07-9392 John Church. Nα 526 W. Isabella St. Salisbury. 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Cerebral hemorrhage Sudden IMMEDIATE CAUSE (a) along with fa burial-transit DUE TO Hypertensive cardio-vascular disease Conditions, if ony, which ] Years gove rise to immediate cause DUE TO (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY 000 PERFORMED? NO DX 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Medicol While Not while d. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\Pi\). Inspection X. Inquiry [X], and find that DIRECTOR: death resulted frame Natural causes X, Accident , Suicide Homicide ... Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** grward NAME (Type) Earl L. Rover, M.D. DEPUTY MEDICAL EXAMINER IV 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Quantice Burial 9-15-56 Cemeterv PEDISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240 RECID BY REGISTRAR VS. A15ME(5) J. F. Stewart Funeral Home. Salisbury, Md. DATE 5M 9/55

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BUREAU V. B.

			9776	CERTIFICA	TE OF DEATH		Reg. Dist.	No. 332
	1 F	LACE OF DEATH	comico	MARYLAND	2. USUAL RESIDENCE (Who	1 00	tution Residence	before admission)
16'		CITY OR TOWN (If outside RURAL and give nearest tow	lisbury	c. LENGTH OF STAY IN 15	Salist	tside corporote limits, writ	e RURAL and give	
	6	NAME OF HOSPITAL (IF not OR INSTITUTION R1	in hospital, give street or verside Nurs	ing Home	d. STREET ADDRESS 716	. Church St		e. IS RESIDENCE ON A FARM? YES NO
	3. 1	FAME OF PECEASED (Type or print)	DAVID	Middle <b>J</b>	Lost CLARK	OF	Aanth BETTHIMBER	Day Yeor 14 19 56
	5. S		OR OR RACE 7 MARRIE		B. DATE OF BIRTH	9. AGE (In year lest birthday	Months Do	EAR IF UNDER 24 HRS
/	10o.	USUAL OCCUPATION (Give during most of working life, ( Retired Merc)	kind of work done 10b. Keyen if retired)	ind of Business or Industrockery Store		r foreign country)		N OF WHAT COUNTRY
1	13.	Noah T. Clark			14. MOTHER'S MAIDEN NO.	AME		
/	15. [Yes	WAS DECEASED EVER IN U. S		OCIAL SECURITY NO. 17. II	John G. Howie		324 E. Chu	urch St.
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS IMMEDIA		e for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which		typeti	num			
		gove rise to immediat couse (a), stating the <u>under</u> lying couse last.	DUE TO	//				
1	CERTIFICATION			ONTRIBUTING TO DEATH BUT				PERFORMED? YES NO 1
		20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	ELYING [] 20b. DESCI E OF DEATH . EXAMINER)	RIBE HOW INJURY OCCURRED				
	MEDICAL	20c. TIME OF INJURY Month Hour e. jr. p. m.	n, Day, Year 20d. IN. While 19 of wark	Not while foo	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (State)
		21. I certify that I at	tended the decease	d from 16-2-53	occurred at 9:55 P			
1		ACTUAL SIGNATURE	Mitch	ill		DDRESS (Street, city or tox		DATE SIGN!
•		PHYSICIAN'S NAME (Typo) Dr. And)	rew C. Mitch	ell M.D.	Salisbury	Maryland		
	220	BURIAL, CREMATION, 226. REMOVAL (Specify)		22c. NAME OF CEMETERY O	crematory morial Park	22d. LOCATION (City, tow	. ,,	(State)
		FUNERAL DIRECTOR'S SIGNA	TÜRE	ADDRESS HOME - SALISE	24a, REC'D	BY REGISTRAR 1 245 AT	CISTRAR'S SIGN	Halloway
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his this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 .. After copy CERTIFICATE OF DEATH third after USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH COUNTY MARYLAND COUNTY (It outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY CITY (If outside corporate limits, write RURAL director, (in this place) end give neerest town) OR TOWN TOWN STREET HOSPITAL OR (If rure) give location) ADDRESS INSTITUTION OR within STREET ADDRESS (Year) DATE (Month) (Day) 3. NAME OF DECEASED registrar by the f eath certificate be (Type or Print) 19 5 IF UNDER 24 HRS COLOR OR SINGLE, MARRIED, DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR SEX RACE WIDOWED, DIVORCED, (Specify) ÷ : yrs. 10s. USUAL OCCUPATION (Give kind of work KINDFOF BUSINESS OR INDUSTRY CITIZEN OF WHAT (State or foreign country) with filled COUNTRY done during most of working life, even if Peli MOTHER'S MAIDEN NAME 13. FATHER'S NAME completely transit or attending physician. 16. SOCIAL SECURITY NO. certificate (Yes, no, or unk.) (If Yes, give wer or detes of service) pue IB. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death **USB 35** IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) requires that the DISEASES OR CONDITIONS, IF ANY, e attending detached for GIVING RISE TO THE ABOVE CAUSE Sopy may be retained by the hospital DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH the th 200 20. AUTOPSY 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION FUNERAL DIRECTOR: The law YES | NO certificate assembly should (Stete 21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) executed OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Hour) While Not while el work et work peen 22. I hereby certify that I attended the deceased from 9/22 has ADDRESS (Street, city, town, stata) 1-55 10M certificate M.D. death BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

T'A AVITTOR 9961 > 2

1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18 69764
e	9779 CERTIFIC	CATE OF DEATH  Reg. Dist. No. 332
director lied Airector	1. PLACE OF DEATH  o. COUNTY  ////COMICO  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY APPROXIMA
ld be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
shou	d. NAME OF HOSPITAL (If por in hospital, give street address) ORINSTITUTION PENINSULA GENERAL HESPITAL	d STREET ADDRESS  e is residence on a farm? YES \( \text{NO} \)
es 1 or	3. NAME OF First Middle (Type or print)	CUNNINORAM 4. DATE Month Day Year OF DEATH September 17 1956
rs. Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
n pape death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
ician or e carba rs after	JANES FYENRY	14. MOTHER'S MAIDEN NAME
ng physe remay 72 hau	15 WAS DECEASED EVER IN U. \$. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (19 yes, give war or dates of service)	Address Mew Church
an please ra	18. CAUSE OF DEATH [Enter only one cause (per line for (a)_(b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ricular Perebral Hemorrhan 3 Karo
by the	592 X DUE TO Conditions, if any, which ) (b) A fortens	ich Parlis- Japenlar Diesen 3
signed sit perm nd in a	gove rise to immediate coese (a), stating the under- lying cause last.  DUE TO  Autori	ic Nephritis?
ial-tran	ŽV	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
the bur the bur or rem	20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
his certi	Yoc. TIME OF HAULEY Month. Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. While Not while at work at work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg , etc.)
: After I ched for urial, cr	21. I certify that attended the deceased from Asia that dear	th occurred at 7.15 A.M. fram the causes and an the date stated above
ECTOR be deta for to b	ACTUAL SIGNATURE SIGNATURE SIGNATURE	ADDRESS (Street, city or jown, state)  DATE'SIGNED  ADDRESS (Street, city or jown, state)  DATE'SIGNED
short strar pli	PHYSICIAN'S G, Harbert Serve	16/4. Lalisbury Manjews
FUNE page 3 he regin	720. BURIAL, CREMATION, 1226. DATE THEREOF 120. NAME OF CEMETRY 75MOVAL (Specify) 9-20-56 R. B. Who	OR CREMATORY 22d. LOCATION (CITY, town, or county) (State)
15 (4) 9/55	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ECHOACH Chen	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE, What I both the state of the sta

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		MARYL	AND STATE	DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8
		, 978	80 c	ERTIFIC <i>A</i>	TE OF DEATH		Reg. Dist. No. 76537
	PLACE OF DEATH     a. COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryla	h COUNTY	on: Residence before admission) Wicomico
1.	b. CITY OR TOWN (II	f outside corporate limit	s, write c. LENGTH (	OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest town)
··	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gi	ve street address) abella St		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Firs MARY	•	Middle JANE	DAVIS	4. DATE Mon OF SEPT	th Day Year
	5. SEX Female	59L&A	7. MARRIED NEVER		sept. 25, 1871	9. AGE (In years lost birthday) 84 yrs.	Months Days Hours Min.
1	Hosue Wor	ON (Give kind of work d king life, even if retired) K (Retired)	one 10b. KIND OF BUS		<del></del>	Co.Maryland	12. CITIZEN OF WHAT COUNTS
-	13. FATHER'S NAME  Samuel K	elly			14. MOTHER'S MAIDEN NA		
1	15. WAS DECEASED EVER			RITY NO. 17. II	FORMANT S. Harry Wachen	nuth(Daughter)	608 L. Isabella S
		ATH (Enter only one country was CAUSED BY: IMMEDIATE CAUSE (0) DUE TO	//	esle	Heart	Failure	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if or gove rise to in cause (a), stating t tying cause last.	mmediote (	/				
<u>ه</u>	8		OITIONS CONTRIBUTING	O TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	NJURY OCCURRE	). (Enter noture of injury in Po	ort 1 or Port II of item 18.)	
	ZOC. TIME OF INJURY Hour o. gr. p. m.	Y Month, Day, Yea 19	While Not while of work	le foc	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County) (State
,	21. I certify the alive on	at I attended the		1946 d that death	occurred at 1:30A	M, from the causes of DDRESS (Street, city or town,	
/	SIGNATURE DE SIGNATURE	r. Lee Lawr	y /		A.D. Fruittand	l, Maryland	Sept.// 1956
	220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	F 22c. NAME	OF CEMETERY OF		22d. LOCATION (City, town, o	
	23. FUNERAL DIRECTOR'S HOLLOWAY &	S SIGNATURE	ADDRES	S	24à , RÉE'D	er Co.) St. In	Ke-Fruitland Md.
1	TOTAL OF THE PARTY	00.12.12.12.12.01		G-1446 Z 1927 O'20	DATE DATE		lary Mi Hollows

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7		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18 69766
•		9781 CERTIFIC	CATE OF DEATH Reg. Dist. No.
irector ed with	e S	PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE  Maryland  b. COUNTY  Vicomico
erol dire	Mi O	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the fun	80	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Bivalve  d. STREET ADDRESS  o is residence on a farm?
	1 7	Penincula Gen. Hospital  3. NAME OF First Middle	Lost 4. DATE Month Day Year
Poges 1	~	(Type or print) Harry	Dieter Death Sept. 4, 1956
: -	1)	s. sex  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
comple popers.		10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)  Clerical work  Telephone C	DUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  U. 3.
ion and cor corbon pop ofter death	,	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John George Dieter  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (18) No. of unknown) I fif yes, mine were of datas of service)	Caroline Hinderer Address
nending physic please remave within 72 hours	1	No 690-03-3341	Mrs. Anna Dieter, Bivolve, Noryland
the ottend Then plea	*	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  O A A REPORT	Grantie enay & alutionset and Death
ned by l bermit in ony ev		Conditions, if any, which gave rise to immediate coese (a), stoting the under	a attacks of Brulkel
sicion. Seen signanning bransit p		lying cause lost. (c) 15+ Guille	IIT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 151/19 WAS AUTOPSY
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of ar att his certi use as emation,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.)
hospite After the ded for riol, or		21. I certiff that I gitended the deceased from the grant that I	3/ 1956 to Alph 4 , 195 (that I last saw the deceased
to bu		olive op alf 4 1950, and that dec	th occurred otM, from the causes and on the date stated obave  ADDRESS (Street, city or town, state)  DATE SIGNED
prior prior	/	PHYSICIAN'S TI CONDITION IN THE PHYSICIAN'S TILL TO STORY	M.D. STATE AND STATE AND A
VERA VERA 3 sho		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Poge The r		REMOVAL (Specify) 9/6/56 Spring Hill 23 STOREAL DIRECTOR'S SIGNATURE ADDRESS	
VS A15 (4) 15M 9/SS	.v	23 FORERAL DIRECTOR'S SIGNATURE ADDRESS Bivolve, Mary	- ICEDIAOFETA OFOLOR

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	nwaw 222
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director	1. PLACE OF DEATH  a. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where Receosed lived If institution, Reside County b. COUNTY)  b. COUNTY	
death:	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give reported tayon)	give nearest town)
s ofter	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  ORANSITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ed in	3. NAME OF First Middle Last 4. DATE Month DECEANED OF OF	Dgy, Year
ithin 2 lly fills Poges	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED ATE OF BIRTY  9. AGE (In your lif UNDER	
mplete pers.	WIDOWED DIVORCED DIVORCED 100. USUA OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BATHPLACE (Stote or foreign country) 12 CI	Days Hours Min.  TIZEN OF WHAT COUNTRY
and co an po death	horsely hour thought	484
sician c re carb rs after	William H. Woolers hanter's Maiden Name Coulloc	سعبات
ng phys remay 72 haur	15. WAS DECEASED EVER IN U. 1. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Development (If yes, girl wer or dates of service)	enton, kd
othendiin within	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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ires the	Conditions, if any, which gave rise to immediate cose (a), stating the under-	
ician. Sen signansit pansit p	tying couse tast. (c)	DT 1/2/10 WAS AUTORCY
The lor physical has be rial-tr maval,	To the state of th	PERFORMED? YES NO
ending ficate the bu	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 8 or Part 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC for ath His certi Use as matian,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work	County) (State)
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TTEND The h OR: A Original	alive an 9-16, 19 3, and that death occurred at 6 19 M, fram the causes and an t	he date stated abave
ned by	SIGNATURE Tuga a Saladan 200	1 9/18/56
refair RA's sho	PHYSICIAN'S Phil. PA Insley	
HOSP may be page 3 he regi	22g SORIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION City, 10mg, or commy	(State)
VS AIS (4)	23. FUNERAL DIRECTOR'S SIGNATURE.  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE.	GNATURE
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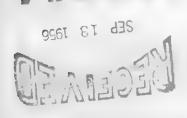
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ع.د.			978	3	CERTIFIC	ATE OF DEAT	H	Reg. Dist. No.	334			
director led wit	1	PLACE OF DEATH	Wicomico		MARYLAND	O. STATE	Where deceosed lived. If institution b. COUNTY	n: Residence before od				
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led in	3.	NAME OF DECEASED (Type or print)	CHARI	il	Middle THOMPSON	FISHER	4. DATE Monti OF DEATH SEPTE	n Day	Year 10 56			
pletely fill	5. :		6. COLOR OR RACE	7. MARRIED (	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF U	NDER 24 HRS.			
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ond c		Octor-Phy		Phy	ysician		Anne, Maryland	USI	A.			
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physician emave car t hours off	15. (Ye:	WAS DECEASED EVE	R IN U. S. ARMED FORG	CES? 16. SOCI	AL SECURITY NO. 17.	INFORMANT	ster Fisher(Wife	5) 108 W.Is	abella			
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othending n please r			TH WAS CAUSED BY:	MILU	cardial	Husur	Licien Ces	ONSET A	ND DEATH			
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e bur		alive on	91-17	-) 12-7 (J	and that dedt	n appurred at 9:40	M, fram the causes or ADDRESS (Street, city or town, s		tated abov			
pior pior		SIGNATURE	aved	12	·leson !!	M.D. Medical	Center	Sept.	1956			
stro.	L	PHYSICIAN'S D	r.David J.	Gilmore	M.D.	Salisbur	y,Maryland	• • • • • • • • • • • • • • • • • • • •				
poge 3	L	REMOVAL (Specify)	Sept.21.1	37	NAME OF CEMETERY OF		22d. LOCATION (City, town, or Princess Anne.	Maryland	Stole)			
15 (4) 9/55		FUNERAL DIRECTOR		ERAL HO	ADDRESS ME - SALISE		C'D BY REGISTRAR 246 REGIST	RAR'S SIGNATURE	ella			
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## BUREAU V. E.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 119769 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR DWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? M d. NAME OF HOSPITAL (IPpot in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z MEMER NAME OF 4. DATE OF DEATH First Middle Lost Month Year Day DECEASED (Type or print) 19.57 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 7 8. DATE OF BIRTH 9 AGE In years IF LINDER I YEAR IF UNDER 24 HRS Birthday Months DIVORCED T WIDOWED [7] 10a. USUACOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of foreign even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FAZHERS NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 18 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), [b], and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) あん DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) factory, street, office bldg., etc. Hour 0. m Not White While at work of week p. m 21. I certify that I attended the deceased from That I last saw the deceased alive an and that death accurred at -Mi fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATUR PHYSICIAN'S NAME (Type) 224 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole **REMOVAL (Specify)** 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A1S (4) DATE 15M 9/5S

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		· .	9	785	CERTIFIC	ATE OF DEA	ATH		Reg. Dist.	No.	330
,	i.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	2. USUAL RESIDENCE OF STATE	E (Where decease laryland	d lived. If institution b. COUNTY		before odmis n Anni	
		b. CITY OR TOWN ( RURAL and give n Salisb			egth of stay in 16. yr. 10 mc	LI .	(If outside corpo	orate limits, write R	URAL ond give	nearest tow	n)
* 1		A MAME OF HOCH	TAL (If not in hospital, gi			d. STREET ADDRE				ON A	SIDENCE A FARM?
	3.	NAME OF DECEASED (Type or print)	Fin Ann		Middle	Ferrester	4. DATE OF DEATH	Septe:		Day 21,	Year 19 56
	5.	Female	3.7	7. MARRIED T	NEVER MARRIED	S. DATE OF SIRTH June 1, 18	360	9. AGE (In years last birthday) 96 yrs.	Months Da		ER 24 HRS. Min.
1	100	USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired) NO	one 10b. KIND C	OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (			1	N OF WHAT	COUNTRY
	13.	FATHER'S NAME DOW	ms			14. MOTHER'S MAIE	en name larkless				
_ 11		WAS DECEASED EVE Unk.	R IN U. S. ARMED FORCE (If yes, give wor or dates of se			er's Head S	State Hos	spital Re		Salis	bury,
I			ATH [Enter only one county one county was CAUSED BY: IMMEDIATE CAUSE (o)	Andrea		c Cardiovas	scular D	Lsease		INTERVAL BI ONSET AND	
		Conditions, if a gave rise to i couse (o), stating lying couse last.	mmediate ( DUS TO		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	-	· · · · · · · · · · · · · · · · · · ·				
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	CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY				ED. (Enter nature of injur		t II of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour o. p. p. m.	Y Month, Day, Yea 19	While N	OCCURRED 20e. P	LACE OF INJURY (Home, ictory, street, office bldg	form, 20f. (Cit)	or town)	(Cov	nly)	(Stote)
			ept; 21;	deceased fro , 19 <u>56</u>		1,, 19 <u>53</u> , to a occurred at73	Sept.	1956 n the causes a	that I las	t saw the	deceased ed above
1		ACTUAL SIGNATURE	I.V. Mo	Whe ,			ADDRESS (S	treet, city or town, ate Hospi	stote)		ATE SIGNED
,		PHYSICIAN'S NAME (Type)	L. V. Malo	lve, M.D	•	Salis	bury. M	aryland			
	220	BURIAL CREMATIC REMOVAL (Specify) Burial	9-25-56		NAME OF CEMETERY O			TION (City, town, o		(Stot	
	23.	FUNERAL DIRECTOR	ssignature vart Funeral		DORESS Cold observe	35	REC'D BY REGIST		TRAR'S SIGNA		1/
		- 4. 006	arv runeral	. Heme,	Serriandr.A.	Md. DATI	LU 7.0	195-/	lary !	V. M.C.	my

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				978	86	CERT	IFICA	TE OF DEAT	Н		Reg. Dist. N	973	14
			o. COUNTY	' Wicomico		MAR	YLAND	2. USUAL RESIDENCE (W		ived. If institution b. COUNTY	n: Residence be Baltim		
	j;	2	RURAL and g			6 months		e. CITY OR TOWN (IF Baltimos		e limits, write RL	IRAL and give n	earest fown	)
			OR INSTITUT	OSPITAL (If not in hospital TION S Head State				d. street address 1611 Nortl	h Carey	Street		e. IS RESI ON A YES	
			NAME OF DECEASED (Type or print)	HES	fint TER	Middle	•	FREEMAN	4. DATE OF DEATH	Mont			(ear 19 56
			Female	6. COLOR OR RAC	WIDOWED		ED 🔲	7/5/1878	9	lost birthday) 78 yrs.	Months Doys		R 24 HRS. Min.
		' <b>L</b>	Hous	r working life, even if relir ewife	ed)   _	of Business (		TRY 11. BIRTHPLACE (Store Maryle	and	ntry)	12 CITIZEN US.		COUNTRY
				Bonds				14. MOTHER'S MAIDEN	NAME				
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-		ı		F DEATH [Enter only one DEATH WAS CAUSED BY IMMEDIATE CAUSE	Realis			l hemorrhage			01 N	TERVAL BET	HTASO
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			lying couse		(c)								
			3					NOT RELATED TO THE TERM			N IN PART 1(a)	PERFOR	NO T
				IT WAS UNDERLYING [] ITING [] CAUSE OF DEAT OTIFY MEDICAL EXAMINER				. (Enter nature of injury in					
			20c. TIME OF I	NJURY Month, Day, 1. ft. J. m. 19	Vhile at work	Not while at work	20e. PLA fac	CE OF INJURY (Home, farm lory, street, office bldg., etc	n, 20f. (City o	lown)	(County	')	(Stote)
			21. I certif	y that I attended the Sept. 16	e deceased , 19 <u>56</u>		death		Sept. 3	6 , 19 <u>56</u> the causes ar	that I last :	saw the cate state	decease d above
		ı	ACTUAL SIGNATURE_	to blu	crue	au_			ADDRESS (Street	st, city or town, s State Ho	tate)		TE SIGNE 17/56
			PHYSICIAN'S NAME (Type)	V. Juerman	, M. D.			Salish	oury, M	ryland			
			REMOVAL (SP	L sept	256	Witt	HERY O	CREMATORY CONTRACTORY	1120	ALTHOUN. OF	til.	(Slote	ul
	ntl	2	143	CTOR'S SIGNATURE	Con Espo	ld 146	377	Carly DATE P	D BY REGISTRA	R 24b. REGIST	RAR'S SIGNATI	Tollo.	way
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 iters 11,12 Fil CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE /b. COUNTY 9 MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) P d. NAME OF HOSPITAL (If not in hospifal, give street address) d STREET ADDRESS IS RESIDENCE offe AOR INSTITUTION ON A FARM? CHER YES NO NAME OF DATE Day Year DECEASED OF (Type or print) DEATH 19 < 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min WIDOWED 57 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Pocomoke City. Md. U.S.A. after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17\_INFORMANI Address eose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ם PART I. DEATH WAS CAUSED BY: Then on leveller IMMEDIATE CAUSE (o) **DUE TO** à ony Canditians, if ony, which (b) gned gave rise to immediate **DUE TO** coese (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES [ NO E 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) O. M. While Nat while at wark p. m. at work 21. I certify that I attended the deceased from 19,2 4hot I last sow the deceased and that death occurred at 6.25/2M, from the causes and an the date stated above. olive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE NAME (Type) Dr. Wilber R. Ellis Jr. Md Medical Center - Salisbury, Maryland FUNERA 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORYS 22d topation (City, Jayn, or county) (Stote) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. RECED BY BEGISTRAR 246 AGISTRAR'S SIGNATURE VS A15 (4) FOX & JAMES FUNERAL HOME EASTVILLE VIRGINIA DATE

BUREAU V. S.

SEP 4 1956

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
**		9789 CERTIFICATE OF DEATH  Reg. Dist. No. 337
ector,		1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)
il dire	-	WICOMICO MARYLAND MARYLAND. WICOMICO
d be		RURAL ond give neorest town)
2 2		d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e IS RESIDENCE /
	*-	PENINSULA GENERAL HOSPITAL RUTE#1, POBOX128, YES NO
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Poges		(Type or print)    Haumon   Death September 17 19 56  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. ACE (in years IF UNDER 1 YEAR) IF UNDER 24 HRS.
		6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  MALE  COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  9. ACE (in years let under 1 year) IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.  25
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		Land Harmon
physici remove 2 hours		IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address  [Yas, no, or unknown]   (If yas, give wer air dates of service)
Bing Se 2	/	Sarah Harmon
offending offending	)	18. CAUSE OF DEATH [Enter only one couse per lighter (o), (b), and tor]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
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حد تد ت		Conditions, if any, which) By 11 (Grant Conditions of Conditions, if any, which)
E 8 .c		gove rise to immediate coese (a), stating the under.  DUE TO
ician. een sir ransit , ond		Iying couse lost.   (c)   MURITURE   WAS AUTOPSY
ng phys e has b burial-tr	-	PERFORMED?  YES NO
ding ding e bu		200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OF CHITTEN NOTIFY MEDICAL EXAMINER;
artific as th		
ol or att this certi r use as emotian		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of wor
Witter I witter to ed for ol, cr		21. I certify that I attended the deceased from 17 Sept., 19 50, to 17 Sept., 19 56 that I last saw the deceased
buriche b		alive on
t by control or to		ACTUAL SIGNATURE 9, 1 Sundersu J. M.D.  ADDRESS (Street, city or town, stole)  DATE SIGNED,  1984/157
id.		
De retorne de la seconda de la		NAME (TYPO) R. W. JAUNGERSON, JR. JAIJS WELL, MARLHANA
moy b Poge the re		220. BLEIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. IQCATION (City, lown, or county) (Stole)
1 6 0 ±		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	¥ .	Roberts Lius missiet British md DATE 9-19-5% Mary Il Holloway
1		12471. Sgotheson.

BUREAU V. E.

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09775
The state of the s	L	9799 CERTIFICATE OF DEATH	eg. Dist. No. 337
Page director led with	1.	AACE OF DEATH  COUNTY  WICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE b. COUNTY  MARYLAND  MARYLAND  MARYLAND	Residence before admission)  1.Com1.CO
death. Po		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURA	
and the state of t		Salisbury  I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  R. D. # 1 (St Luke)  R. D. # 1 (St Luke)	e. 1S RESIDENCE ON A FARM? YES NO
22 grade		NAME OF First Middle Lost 4. DATE Month OF SAMUEL CLARENCE HITCH DEATH SEPTEMB	Day Yeor
ithin Poges	5. 9	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF)	UNDER TYEAR IF UNDER 24 HRS.
camplete popers.	10a	Male White Widowed Divorced August 10, 1880 76 yr.	12. CITIZEN OF WHAT COUNTRY)
\$ P 5/8	L	Farmer Farming Somerset Co. Maryland	U S A
<b>교 스틸레 1</b>	13.	Samuel H. Hitch  Samuel H. Hitch  Fattie Ann Driecoll	
g physicion remove cor 72 hours affi	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO U. INFORMANT Mr. Carroll Hitch (Son) R.D. 1 Carroll Hitch (Son) R	Salisbury, Maryland
death of the	H	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
the danger of the plant will be the plant be the		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute congestive heart failure	ONSET AND DEATH
thot the by the it. The ty eve		Canditians, if any, which ) the Coronary occlusion	8 hours
requires that an aigned by the signed by the sit pmmit. The first and in any even		gave rise to immediate couse (a), stating the under-	Ольига
physician. as been si ial-transit oval, ond	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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PHYSICI of or oth his certifi use as emotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work of work 19	(County) (State)
OING tospith		21. I certify that I attended the deceased from Time of, in ath to 19 ,th	
TTENE y the 1 TOR: / detoch to buri		alive on, and that death occurred at 4:45A M, from the causes and ADDRESS (Street, city or town, state	
OR A		ACTUAL SIGNATURE CO. Camden Ave.	Sept. // 1956
reto sm stror		PHYSICIAN'S Dr. Earl L. Royer MD Salisbury, Maryland Salisbury, Maryland	
may be poge 3 The regi	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or ce REMOVAL (Specify)  Burial Sept. 12.1956 NASSAWANGO CHURCH CEMETERT—Salisbury, Snow	
5 5 -1		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D, BY, REGISTRAR 246, PEDISTRA	HILL Rd R.D.
VS A15 (4) 15M 9/55	HO	LLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD. John 1 (1900) Than	y M. Holloway

3 V UAETE.

A PATEL

2

ADDRESS (Street, city or town, state) DATÉ SIGNED 225. DATE THEREOR 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Dung. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24s. REC'D BY REGISTRAR

Morcaster

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET-AND DEATH

> PERFORMED? YES NO F

> > (Slate)

Days

TISA

(County)

. IS RESIDENCE

ON A FARM? YES NO

Year

19 56

BUREAU V. C.

1				MARYLA	ND STATE DEPA	ARTM	ENT OF HEALTH	I-BALTIN	18 AORE, 18		To file and a pale
4 24				9792	CERT	IFICA	TE OF DEATH	1	1	Reg. Dist. No	7 7 7 7 7 7 7 7
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s ofter the f	11		d. NAME OF HOSPITA	AL (If not in hospital, give and State Hos	street address)		d. STREET ADDRESS			4 1	e IS RESIDENCE ON A FARM? YES NO
24 hour		1	NAME OF DECEASED (Type or print)	First Samuel	Middle	-	Lost Hudson	4. DATE OF DEATH	Month Septe		lay Year
within Steely fill		5. 5	SEX		MARRIED MEVER MARR	IED 🔲	3. DATE OF BIRTH 4/22/1887		GE (In years If		R IF UNDER 24 HRS. Hours Min
xecuted I comple papers cath.	1)	10 <sub>0</sub>	Male  USUAL OCCUPATIO  during most of working None			لبند	TRY 11. BIRTHPLACE (State		()		OF WHAT COUNTRY/
ian and carbon after de		13.	FATHER'S NAME Uniter	ACT TO			14. MOTHER'S MAIDEN N	IAME		<u> </u>	
sertifica g physic remave 2 haurs	Ś	15. (Yes	WAS DECEASED EVER		7 16. SOCIAL SECURITY NO		FORMANT Hospital Recor		Address	3	
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quires that igned by the permit. If			Canditions, if an gave rise to in cause (a), stating t lying cause last,	mediate (	Chronic p	yelor	ephritis				?
The law re physician has been trial-transit	v	CERTIFICATION	PART II. OTH	la. of prosts	ate gland		NOT RELATED TO THE TERMI			I IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
trending ifficate ifficate ifficate ifficate		_	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	MEDICAL EXAMINER)			. (Enter nature of injury in 1				
PHYSh hal ar a this cer ir use a rematia		METICAL	20c. TIME OF INJURY Hour a. ji. p. m.		20d. INJURY OCCURRED While Not while at work at work	20e. PLA fact	CE OF INJURY (Hame, form ary, street, affice bldg., etc.	)		(Caunty	
TTENDING  I the haspi  FOR: After detached fa			alive on <u>Ser</u>	. A	12_ <u>56</u> , and tha		occurred at 12 no	Sept. 11 OM, from the ADORESS (Siree),	e causes and	d an the do	aw the deceased ate stated above. DATE SIGNED
tained by Arter or prior	đị.		SIGNATURE A	Juerman, 1	uau_	^	1.5	Head Sta ry, Mary	~~~~~~~~	ital	9/11/56
dospity be re mner ge 3 sh registr		220		1, 22b. DATE THEREOF	22c. NAME OF CEM		CREMATORY	22d. LOCATION	(City, tawn, or		(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		23.	FUNERAL DIRECTOR'S		ADDRESS		( ) (	Newark,	Wercest	AR'S SIGNATE	Md.
VS A15 (4) 15M 9/55		L	J. F. Ste	wart Funeral	Heme, Salis	bury.	Md. DATE	4 (13	TOIR	ry H.	Hollower

RULEAU V. S.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4 SE		9793 CERTIFICATE OF DEATH	119778 Reg. Dist. No. 337
Hied Mirecto		1. PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution of STATE by COUNTY by CO	-11 orienter
funero	3	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	2.3
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completely papers. Po		Je 20   WIDOWED   DIVORCED   Set 20   10   1051 birthday	Months Doys Hours Min.  12 CITIZEN OF WHAT COUNTRY?
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ertificate L physician remave cor 2 haurs aft	15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (If yes, give wor or dotes of service)	rman/
the death of a cattending on within 7.	-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Resperatory  For longer  Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
ires that I ned by th remit. Th n any eve		Conditions, if ony, which gove rise to immediate coese (a), stating the under:  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO  OUE TO	
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fol or of this cert this cert or use as remotion	MEDICAL	20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour o. m. 19 While Not white of work of work 19 Day work 19 Not white of work 19 Not work 19 Not work 19 Not white of work 19 Not w	(County) (State)
TENDINE The hospi The hospi The After Stacked for I burial, c		21. I certify that I attended the deceased from 110, 1956, to 9/12, 195 alive an 11256, 19, and that death accurred at 150 Me from the causes ADDRESS (Street, city or tow	that I last saw the deceased and on the date stated above.
L OR AT		SIGNATURE William C. Morgho Salus burg  PHYSICIAN'S	md 9/12/5
DSITA be retained in the second of the secon	220	NAME (Type)  22a. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OF CREMATORY   22d. LOCATION (CITY, town)	n, ar county) (State)
TO FUN TO FUN The re-	23.	Burias 9-13-56 Evergreen Cometery Borlin WM 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240 REC'D BY REGISTRAR 240, RG	distrar's signature / /
VS MIS (4) 158X 9/S5	*	J. F. Stewart Funeral Home Salisbury Note DATE 7 19:18 1/1	rength. Holloway

NEEAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

69779

## CERTIFICATE OF DEATH 9814

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASI	ED
COUNTY Wicomico	MARYLAND	STATE Maryla	and county Wic	omico
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor OR	ete limits, write RURAL end give no	parest lown)
OR and give nearest lown] TOWN Sharptown	(in this pleca)	m-nt-nt	rptown	
HOSPITAL OR	170 915	STREET	(If rurel give location	)
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED	(Middle)	(Lasi)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) John	Thomas	Jones	DEATH Sept.	24.1956
	GLE, MARRIED, 8. DATE C	OF BIRTH S	7. AGE last birthdey TF UNDI	ER 1 YEAR JIF UNDER 24 HRS.
Male White (Sp	Married 7-18-	-1880	76 yrs. Months	Deys Hours Min.
10s, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY?
refired) Laborer	Basket Factory	Wicomico Co	ounty, Md.	USA
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN N		
**		Planchati	Vannania	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? I 16. SOCIAL SECURITY NO.	Elizabet		
(Yes, no, or unk.)   It Yes, give wer or detes of ser	vice)			24.2
No =====	1216-07-5013	Mary Jon	nes, Sharptow	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ITIFICATION		ONSET AND DEATH
7	Goute Kulit.	· Went		2 hoso.
IMMEDIATE CAUSE (A)	District Contract	1 -1 - 2		
AMICCEDENI CAOSCISI	Prospelie Hy	hetropting		34120
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		/ /		7
(C)	Traslecticston			10 hours
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<u>G</u>			
190. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION	March		20. AUTOPSY? YES NO
	LACE (Home, Ierm, Tectory, URY street, office bldg., etc.)	ZIE. WHERE OID INJURY OCCUR	? (City or town) (Co	unity) (Stele)
21d. TIME OF INJURY (Month) (Day) (Year) (I	Hour) 21e. INJURY OCCURRED While Not while at work st work	21f. HOW DID INJURY OCCUR	3?	
22. I hereby certify that I attended	the deceased from Deft 8	, 19.56 , to 24/2	124 , 1957 that	I last saw the deceased
alive on 3479-4 194.72	, and that death occurred at			ted above.
SIGNATURE	01	7 DADDE	ESS (Street, city, town, stets)	DATE SIGNED
1121-1	METHRIC M.D.	3 haus	a town mil	9/25/56
23. BURIAL, CREMATION, DATE THEREO		CREMATORY	LOCATION (City, town, or coun	
Burial 9-26-	-56 Riverton	n /	Riverton, M	
24. REC'D BY REGISTRAR	SIGNATURE	25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	Jan 1. Freema	1/1/2-1-	11 mides	The May

## BRISEVR N. Z

SEP 2- 1956



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Late due to ceit. being sent to Alfre Dept.,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECEIN ED

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		9800 CERTIFICATE OF DEATH  Reg. Dist. No. 332
death: Page 4 uneral director d be filed with	L	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  3. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  5. COUNTY  6. COUNTY  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL ond give nearest town)
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ed within 24 h ppletely filled ers. Pages 1 m	5. 5	DECEASED [Type or print]  C. M. R. R. R. R. M. M. R. R. M. R. R. M. R. R. R. R. M. R. R. R. M. R.
ician and com	0/	12. CITIZEN OF WHAT COUNTRY?  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BYRTHPLACE (State or foreign country)  USUAL OCCUPATION   Give kind of work done   10b. KIND OCCUPATION   10b. KIND OCC
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ow requires sician. seen signed ransit perm I, and in on	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. a) 19. WAS AUTOPSY PERFORMED?
SICIAN: The le of offending physerificole has be as the burialtion, or remova	CAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURSED. (Enter nature of injury in Part I ar Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. (NJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
TENDING PHY The hospital or OR: After this or eleached far use o buriol, cremot	MEDICAL	Hour a. m. p. m.  19 While at work at
HOSPITAL OR AND BY JOY be retoined by JOY be retoined by FUNERAL PRINCECT age 3 sh De de registriff mian he registriff mian h	220	ACTUAL SIGNATURE ( SIGNATURE ) M.D. STOLES (
OF O	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE  DATE 1-15-56 Mary W. Hollowy

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Ī		LACE OF DEATH COUNTY	Wic	onico			M	ARYLAND	2. USUAL 9. STAT	RESIDENCE (V	land	med lived. b.	# instituti	Wic	dence bef	ore odm	ission)
* ***	Ъ.	CITY OR TOWN () and give nearest town	i	rporate limits, s		c.	LENGTH OF ST	AY IN 16	5	OR TOWN (III		rporote limi	its, write R	RURAL or	nd give n		1
	d.	P.G. Hos		NSTITUTION	(If not it	in hospital	l, give street ode	dress)	d. STRE	et address 805 bi	own S	treet	•			ON	A FAMA
3	3. 5	FAME OF DECEASED Type or print)		enjam			Middle 1 <b>rton</b>	Mi	tchel		4. DATE OF DEATH		Sept.			1	9 5 <b>6</b>
		ale	Wh	ite	WIDO	OWED [		ED 🗆	June	20. 188		70 benth	n years day) yrs.	Months	R I YEAR Days	Hours	Min.
	10a. C	USUAL OCCUPATION OF WORKING TO CLEAN	ON (Give	kind of wor	t done 1		OF BUSINESS				or foreign	<u> </u>	đ <sub>e</sub>	12. CI	TIZEN O		COUNT
	13.	FATHER'S NAME MILDO	urne	Mitc	hell				14. MOTH	er's maiden i Sarah		ens					
	15. IYes.	WAS DECEASED EV		S. ARMED		16. SOC	CIAL SECURITY N		FORMANT				Address		41.		
	•	NO NO	In her Gin	re war ar datas	of service)			Mrs		Mitch	ell (W)	lfe( 8	805 B	rown	Ste	Sal	isb
a		NO 18. CAUSE OF DEA PART I. DEA	TH [Enle	r only one o	cause per	line for	(a), (b), and (c).			Mitch	Z 2	110( 8	305 B	rown <del>M</del> a	TOTAL INTE	Sal ma eval between and de-	FFNI
=		18. CAUSE OF DEA PART I. DEA	TH [Enle TH WAS ( IMMEDIA	c anily one of CAUSED BY: ATE CAUSE	cause per	line for	(a), (b), ond (c).			Mitch	2) (	190( 8	305 B	rown Na	TOTAL INTE	TAGE	FFN
=		18. CAUSE OF DEA	TH (Enle TH WAS ( IMMEDIA O ny, which	CAUSED BY: ATE CAUSE DUE T	(a)	line for (	(a), (b), and (c).			Mitche	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 8 1200 1200	305 B	Yown No	TOTAL INTE	TAGE	FEN
*		18. CAUSE OF DEA PART I. DEA Land Conditions, if of gove rise to imme (o), stoting the couse lost.	TH [Enle TH WAS ( IMMEDIA O ny, which diote counterlyin	CAUSED BY. ATE CAUSE  DUE T  ch  ng  DUE T	(a) (b)	S.	(a), (b), and (c).	P	l Ida		3	1,200	abh	Ma	RT I(a) 1	PAL BETWING AND DE	AUTORIO
* , ,	FICATION	18. CAUSE OF DEA PART I. DEA Land Conditions, if of gove rise to imme (o), stoting the couse lost.	TH [Enle TH WAS I IMMEDIA Ony, while diote counderlyin	CAUSED BY: ATE CAUSE  DUE T  ch  mg  DUE T	Course per (40) O (b) O (c) O NDITION DES	NS CONTI	RIBUTING TO DE	ATH BUT NO	OT RELATED	TO THE TERM	INAL DISEAS	2 conditions	NON GIVE	Ma	RT I(a) 1	PAL BETWIN AND DE	AUTOPS
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* ,	CERTIFICATION	18. CAUSE OF DEAP PART I. DEA  PART I. DEA  (c) Conditions, if o gave rise to imme (o), stoling the couse lost.  PART II. OTI  20c. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.  20c. TIME OF INJU Hger e.m.	TH [Enle TH WAS ( IMMEDIA O NY, which diote coulunderlyin HER SIGN UNDERLYIN RY MA O Thot 1 to	or only one of CAUSED BY. ATE CAUSE  DUE T  Ch  BB  DUE T  IIIFICANT CO  NG   Onlin, Day, 1  Dock charge	(a)	NS CONTINUES CON	RIBUTING TO DE	CURRED. (Er cted p 200. PLAC focto At bed above	OOR STREAMER OF INJURY, street, ohome over, held	TO THE TERM  Of injury in Por  RY (Home, forn  ffice bldg., etc.	INAL DISEAL  1 OF PORT 1  20f. (Cir.)  Sal	SE CONDIT	ION GIVE	Wicc Inqu	RT I(a) 1	9 WAS PERFO	AUTOPH PAMED? NO [
*,	CERTIFICATION	18. CAUSE OF DEAP PART I. DEA  PART I. DEA  (a) Conditions, if of gave rise to imme (o), stoting the couse lost.  PART II. OTO  20c. EXTERNAC CA PRIMARY OF CO CAUSE OF DEATH.  20c. TIME OF INJU- Hour o. m. P. m.  21. I certify to	TH [Enle TH WAS ( IMMEDIA O NY, which diote coulunderlyin HER SIGN UNDERLYIN RY MA O Thot 1 to	or only one of CAUSED BY. ATE CAUSE  DUE T  Ch  BB  DUE T  IIIFICANT CO  NG   Onlin, Day, 1  Dock charge	(a)	NS CONTINUES CON	RIBUTING TO DE	CURRED. (Er cted p 200. PLAC focto At bed above	ot relates  oork.  oork.  home.  home.  home.	TO THE TERM  Of injury in Por  RY (Home, forn  ffice bldg., etc.	INAL DISEAU  1 or Port 1  20f. (Cir.)  Sal  y X., U	SE CONDIT t of item 18 iy or town)	ION GIVE	Wicc Inqu	RT I(a) 1	9 WAS PERFO	AUTOPS NO [
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TWO FOR ONE CERTIFICATE FILM G204 - 9/28/56 - mb

SCLEVA A. Z.

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1	1		MARYL	AND S	TATE DEPAR	TME	NT OF HEALT	H-BA	LTIMORE,	18	1978	7
oation,			9802 ME	DICA	LEXAMINI	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dist	. No. 3	32
crema	1.	PLACE OF DEATH a. COUNTY	Wicomico		MARY	LAND	2. USUAL RESIDENCE (  o. STATE New	Where deced York	sed lived. If institut b. COUNTY		ce before ad	mission)
buriel		b. CITY OR TOWN (I and give nearest lower Salis		RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I		porote limits, write	RURAL and g	give nearest 1	lown)
ع الم	Н.,	d. NAME OF HOSPIT	TAL OR INSTITUTION (II			1	d. STREET ADDRESS				01	RESIDENCE N A FARMS
<b>1</b> 2€	1	NAME OF DECEASED	General Hos		Middle		995 Union A	4. DATE	Month		Doy	Yeor
sigen a		(Type or print)	Karen	7. MARRIEI	NEVER MARRIED		Osely DATE OF RIPTH	DEATH	9. AGE (In years	IF UNDER 11	29	19 56 DER 24 HRS.
E I		F	C	WIDOWED	DIVORCED [	5	Jan. 2, 195		last birthday) yrs.	Months Dr	Hours	Min.
ダン	10	o, USUAL OCCUPATE during most of working infan	ON (Give kind of work d ng tite, even if retired) L	one 10b, KI	infant	Nousti	Bronx	or foreign o			N OF WHA	T COUNTRY?
# 1 and	13	FATHER'S NAME	Mosely				14. MOTHER'S MAIDEN					
Bod •		. WAS DECEASED EV	ER IN U. S. ARMED FOR	ervice	OCIAL SECURITY NO.	-	Erma Dave		Address		-	
### ***	-	No. CAUSE OF DEA	NO TH [Enter only one count		None or (o), (b), and (c).]	l P'E	ther: Earl	Mosely	, 995 Uni	on Ave	INTERVAL BET	WEEN
it per			TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		rushed che	st'					Sudd	
-transit		5/6 X Conditions, if a									1	
o constant		gove rise to Imme (o), stoting the couse lost.									_	
o se q s	ATION	PART II. OTI	HER SIGNIFICANT COND	ITIONS COI	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	MALDISEAS	E CONDITION GIVE	EN IN PART 1	(o) 19. WAS	ORMED?
5 <b>Q</b>	CERTIFIC	200. EXTERNAL CAL PRIMARY Der CO CAUSE OF DEATH.	MIKIRUTING L				ter noture of injury in Po ar involved			0114.04		
Dinous A	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yea	20d. IN While	Not while	e PLAC	E OF INJURY (Home, formy, street, office bldg., etc.	m, 20f. (City	y or town)	(Count	(y)	(State)
න	W				emoins described		hway e, held on Autop:		lisbury	Wicomi	-46	Md.
- 20 - 30 - 30 - 30 - 30 - 30 - 30 - 30 - 3		death resulted	from: Notural o	ouses [	, Accident K.	Suic	ide 🔲, Homicid	e 🔲, U	ndetermined co	ouse .		
PIREC		ACTUAL SIGNATURE	End	L V.	home	_	M.D. CHIEF MEDICAL E	XAMINER 📋			DATE	SIGNED
Mayal.		EXAMINER'S NAME (Type)	Earl L. Roy	er, M	.D. 0		ASSISTANT MEDICAL			29-56	5	
0 P	22	BURIAL, CREMATIC	N, 226. DATE THEREO!	16	22c. NAME OF CEMETE	RY OR	REMATORY	72d. LOCA	TION (City, town, o	r county)	O (Ste	ole)
AE(5)	23	FUNERAL DIRECTOR	'S SIGNATURE	Van	Aboress	17-	24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE	
'SS		deron	1,000		Inne		MILE / SOUTE /	010	6 VIIwa	1W-M	occom	w

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after death.

PHYSICIAN OR HOSPITAL: The law requires that the may be retained by the hospital or attending physician.

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dos p	9803	RIFICAL	OF DEA	I FI Reg.	Dist. No	53Y
į	1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECE	FED	
÷ ÷	COUNTY WICOMICO	MARYLAND	STATE MO	COUNTY	ower	set.
rector,	CITY (If ourside corporete limits, write RURAL OR and give nearest town) TOWN JULIANTING	LENGTH OF STAY (in this place)  3 LLLY S	CITY (If outside corporate OR TOWN	e limits, write RURAL and giv	e nearest lown)	
eral di	HOSPITAL OR INSTITUTION OR STREET ADDRESS PENLINEUR	General Hospo.	STREET ADDRESS AND W	ui Propins loca	dion)	
he fun	3. NAME OF DECEASED (Type or Print) BEULIA H	W Mos	(Last) IELLER	4. DATE (Month) OF DEATH Se	7. 23	19 at 6
in by t		MARRIED, B. DATE C. P. DIVORCED, TEL.	13 - 1885 9.	AGE last birthdey # U Mon		Hours Min.
77.9	10a, USUAL OCCUPATION [Give kind of work done during/most of working life, even it retired)	b. KIND OF BUSINESS ILLER	11. DRTHPLACE (State or foreign	country)	12. CITIZEN COUNTRY	
_ 6	13. FATHER'S NAME	1 -	14. MOTHER'S MAIDEN NA	ME ill -	- 750	
completely filter	SMILLEL INH	ITE	INDIGNA	WE	321th	
tra l	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADD		Ne	11 14:
.27	(Yas, no, or unk.) (K.Xos, give wer or detes of service)	- journe	MARIEY	11/05/1-1.1-	ER IS	fand
_ m	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO D	Equine	. "		INTERVA ONSET	AND DEATH
sicia e as	( ) XIMMEDIATE CAUSE (A)	alue ev	cognacce	2	Tac	and the
ig physicia for use as	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE TRATING LINDED HAVE LAST DUE TO					
الْمُ فَانِّ	STATING UNDERLYING CAUSE LAST, DUE TO					
e attendin detached	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
؞ۄۼ		DINGS OF OPERATION				NO [
should	216. ACCIDENT WAS UNDERLYING   216. PLACE OR CONTRIBUTING   CAUSE OF DEATH OF INJURY ! (IF EITHER, NOTIFY MEDICAL EXAMINER)	treet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
assembly	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21a. INJURY OCCURRED While Not while et work at work	216. HOW DID INJURY OCCUR?			
355	22. I hereby certify that I attended the	deceased from 7 - 2	0, 1950, to 9-	23,1956,11	at I last saw th	ne deceased
1 25/	alive on 9-23, 19.5.4	, and that death occurred at	SP.M, from the cau	ses and on the date :	stated above.	
ate has certifical	Willen R- 900	, M.D.	Solon Pill	SS (Street, city, town, state	9-2	Y-50
certificate death ce A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Sept 21.	IT TO THE	mr T.Conery	TOCATION (CIT, town, or a	Bles	(State)
\$	24. REC'D BY REGISTRAR REGISTRAR'S SIGN		25. ELINERAL DIRECTOR'S SIG	NATURE	ADDRESS	- 722
	15 8 8 218.8	1 + 3 4	I CX XIMMILAN	ALL ON O	11 11	1 2 1

Late due to cert being sent to therface Dept.



9804 **CERTIFICATE OF DEATH** filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Vicomico MARYLAND Marvlard death: erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ploo4 days Centreville. Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Lear's Head State Pospital Liberty Street NAME OF First Middle 4. DATE Month DECEASED Justin Boardman Powell (Type or print) DEATH Sept. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX AGE (In years 8. DATE OF BIRTH lost birthday) April 20. Male White WIDOWED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Macon, Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harney Twiggs Powell Juliet Morgan Boardman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Deer's Head Hospital Records, Salisbury, attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Acute myocardial insufficiency 11.70.0 **DUE TO** Arteriosclerotic heart disease permit. Conditions, if pay, which ! gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) Hour o. ft. foctory, street, office bldg., etc.) While Not while at wark ot work p. m. 21. I certify that I attended the deceased from August 15 Sept. 1st 19 56 that I last saw the deceased and that death occurred at 2:45 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURI Deer's Head Pospital, Salisbury, I'd. PHYSICIAN'S L. V. Maldve, M. NAME (Type) 220. BURIAL, EREMATION; 22b. DATE THEREOF NAME OF CEMETERY OF CREMATORY TO FUN 22d. LOCATION (City, town, or county) FUNERAL DIRECTOR'S SIGNATURE 240-REC'D BY REGISTRAR 24b. REOISTRÁR'S SIGNAJUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

89788

e. IS RESIDENCE

ON A FARM?

YES NO 1

Year

19

USA

INTERVAL BETWEEN ONSET AND DEATH

day

PERFORMED? YES 🗍 NO 🎵

(Stote)

(Stote)

Queen Arme's

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Rea, Dist. No.

Months

the death certificate VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3 A Mill

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69790**CERTIFICATE OF DEATH** 9806 Rea, Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e e RURAL and give nearest town) 70 d. NAME OF HOSPITAL (If Not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC OR INSTITUTION ON A FARM YES NO THE Pominsin NAME OF 4. DATE Middle Last Year Day DECEASED OF (Type or print) DEATH ICLING 1956 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED TI NEVER MARRIED 8. DATE OF BIRTH Months WIDOWED | DIVORCED [ O yes. papers. comple 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) SHINGTD oug USE VY I FE carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE IN **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 16.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) fociory, street, office bldg., etc.) Hour e.m. While Not while ol work ol work p. m. 21. I certify that attended the deceased from and that death occurred at 9150 alive on AM, from the causes and an the date stated above. ADDRESS (Street, city or town stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER, 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 6 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 245. REC'D BY REGISTRAR 15M 9/55

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			989	7	CERTIFICA	ATE OF DEAT	Н	Re	1979] Ig. Dist. No.	
\$83	1.	PLACE OF DEATH a. COUNTY W1.0	comico		MARYLAND	2. USUAL RESIDENCE (V		If institution: (	Residence before ad-	missian)
``		b. CITY OR TOWN (I RURAL and give no	If outside carparote lime earest town) Salisbury		ENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RURA		awn)
	Γ	d. NAME OF HOSPIT OR INSTITUTION	Pen. Gen.	jive street addre		d. STREET ADDRESS		St	e. IS Of	RESIDENCE N A FARM?
	3.	NAME OF DECEASED (Type or print)	Fii MART	'st	Middle FRANCIS	last SIMMS	4. DATE OF DEATH	Month SEPT.	Day	Year
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF L birthday) Mo	5 th INDER I YEAR IF UI Dailhs Days Hou	
		Male  USUAL OCCUPATION  during most of work	White ON (Give kind of work king life, even if retired	dane 10b. KIND		STRY 11. BIRTHPLACE (Stol	1887   (	59 yrs. 7	12. CITIZEN OF WE	
1	13.	Plumbing FATHER'S NAME	w w		Plumber	Salisbury	Maryland		U.S	<u> </u>
			ncis Simms			Mary M.	Dykes	•		
	15. (Ye	was deceased evel	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice]		r.Thomas N.Si D. 1 Salisb	mms urv.Må.	Address Mr. J.	ohn F. Sim	ns (Fat
	Г	1B. CAUSE OF DEA PART I. DEA	ATH [Enter only one county was Caused BY: IMMEDIATE CAUSE (o	ouse perline (o	le Cardi	Vaskul	ne lo	eede		BETWEEN ND DEATH
		Conditions, if at gave rise to it cause (a), stating lying cause last.	ny, which ) (b	Arte	risders	The C-	Des	rage	2	
٦	CATIEN					NOT RELATED TO THE TERM			PEI	AS AUTOPSY REORMED?
	CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lar Part II of i	tem 18.)		
	MEMICAL	20c. TIME OF INJUR Hour a. p. p. m.	Y Month, Day, Ye 19	While	Y OCCURRED 20e. PL Not while fo at work	ACE OF INJURY (Home, for ctory, street, affice bldg., el	m, 20f. (City or tov	m)	(Caunty)	(State)
		21. I certify th	at Laftended the	deceosed f	ram. Alak	4 , 1954 , to	M, from the		ot I last sow the	
7		ACTUAL SIGNATURE	Fillia	mh	Olpen	м.о. Camden A	ADDRESS (Street, ci		9	DATE SIGNI
		PHYSICIAN'S NAME (Type) D	r. William 1	D. Gray	MaDa	Salisbur	y Maryland	<u> </u>		
	220	BURIAL, CREMATION REMOVAL (Specify)	Sept. 7	1	NAME OF CEMETERY O	R CREMATORY	22d, LOCATION (	lity, tawn, or ca		itate)
	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS OME-SALISBUI		'D BY REGISTRAR	24b REGJESPA	eryland es signatur	600

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	Г	. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $-0.9792$	2
(.		9808 CERTIFICATE OF DEATH Reg. Dist. No. 3	32
( '	1.	PLACE OF DEATH  a. COUNTY  WICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit on STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admit on STATE  MARYLAND  AMARYLAND  AMARYLAND	ision)
12		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury, Maryland  2 yr. 5 mo.  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Preston, Maryland	m)
,		d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  d. STREET ADDRESS  e IS RE ON	SIDENCE A FARM?
	3.	NAME OF First Middle Lost 4. DATE Month Doy DECEASED OF Sent 1	Year 19 56
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UND	ER 24 HRS
,		Female White WIDOWED S DIVORCED Aug. 14, 1879 77 yrs. Months Doys Hours On USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT	T COUNTRY
- 1	13	Housewife nene Maryland USA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
~ ~	_	Samuel R. Buckley Charlotte Wright	
1	150	S. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  No. 10. Uniformant Hospital Records  Address  Hospital Records	
2		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary Embolus  2 mi	ETWEEN DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse last.  Arteriosclerotic Cardiovascular Disease with  Aortic Stenosis  (c)	
*1	CATION		AUTOPSY ORMED? NO 🔀
	CERTIFI		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Heur o. p. m. 19 While Not while of work of work 19	(Stote)
			ed above
1		PHYSICIAN'S IT TO BE D	5/56
	22	NAME (Type) V. Juerman, M.D.  20 BURIAL CREMATION, PEROVAL (Specify) 9/17/1956  Cheptank Cemetery or Crematory 22d. LOCATION (City, town, or county) (Storage of Cheptank Cemetery near Preston, Md.)	te)
1	23	D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE	
Ks	Ĭ7	Homes Williams Federalsburg, Nd. DATE 7-21-36 Mary Wollowa	4

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
, *		: 9809 CERTIFICATE OF DEATH Reg. Dist	9793 33-/
	:	1. PLACE OF DEATH  o. COUNTY  UICOMICO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE NO FILL CAN DECENTED b. COUNTY (U), C.	before odmission)
Daily Se mea	-12	b. CITY OR TOWN (If outside corporate limits, write RURAL and gire reparest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and gire reparest town)	ve nearest town)
	۴.,	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  JOHN SULLAN GENERAL HOSPITAL 306 Mary 1444 CILLE	o. IS RESIDENCE ON A FARM? YES NO Z
5		3. NAME OF DECEASED (Type or print)  AUCIE MARIE 1 AVIA B DEATH SEPT.	Doy Year 16 1956
roge.		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (IN years   IF UNDER T	YEAR IF UNDER 24 HRS Days Hours Min
death.	1		EN OF WHAT COUNTRY?
affer	1	13. FATHER'S NAME  James S. Taylot  14. MOTHER'S MAIDEN NAME  Ella H. Bradley	
72 hours	0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr James S. Taylor (Father) 306 Mary Salisbury. Maryland	land Ave.
pleos Aithin		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
event		OD2X DUE TO	
d in ony		Conditions, if any, which gave rise to immediate codes (a), stating the under-lying cause last. (c)	
novol, o	9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	I(a) 19. WAS AUTOPSY PERFORMED? YES NO A
, or rer		200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)	
remotion		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  19 While Not while at work of twork of two	unty) (State)
uriol, ci		21. I certify that I attended the deceased fram. 4/44, 1996, to 9/16, to 1996, that I la alive an 9/164, 1996, and that death accurred at 8:100M, from the causes and an the	st saw the deceased
ior to b	,	ACTUAL SIGNATURE H. A. BREWAL M.D. Sales Dyskie A MTAN	DATE SIGNED
strdr pr	-	PHYSICIAN'S Dr. Fred R. Gramse M.D. S.Divisioh St. Salisbury, Md.	Sept.16,1956
The regi		220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county)  BULTIAL Sept. 19 1956 Parsons Comptens  Soliably Mr. 19 1956	(State)
) -=		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  HOT.I.OWAY & COMPANY FUNERAL HOME = SAT.T.SBURY MD 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
3		S PATE 1 9 10 RG / Many /	1 Holloway

BULLEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PARTO,

η				MARYL	AND	STATE DEPART	M	NT OF HEALTI	H-BAL	TIMORE, 1	8 (1.	979	)
W E				981	5	CERTIFIC	ÇA	TE OF DEATI	Н		Reg. Dist. N	lo. 3	31
Page 4 director, led with		1. [	LACE OF DEATH COUNTY	Wicomico		MARYLAN	D	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	Wicon		iion)
daoth.	, i	ŧ	RURAL and give ne	outside corporate limit	, wrile	Lifetime	- 11	c. CITY OR TOWN (IF		prote limits, write RL			n)
the fu	X	,		AL (If not in hospital, gi	ve street			d. STREET ADDRESS	OKE			e. 15 RES	
4 hours		3. I	NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE	Mont	h		Year
ithin 2, aly fille Pages			Type or print)	Curfe	Y 0			allace	DEATH	Sept	32.47		1956
P P P		S. S	3.0 -	1 1		RIED NEVER MARRIED	- 1	DATE OF BIRTH		lost birthday)	Months Day		ER 24 HRS Min.
nple sers.		100	Male	Colored		ED DIVORCED KIND OF BUSINESS OR IN	<u> </u>	6/10/1895	ar famina c	61 yrs.	3 3		T COUNTRY?
execu	1		Waterms	ng life, even if retired)	. i .	Dysterman	כטעו	Nanti	.coke		U.S		COONIET
e be an a carb		13.	FATHER'S NAME					14 MOTHER'S MAIDEN					
tificat physici mave haurs		16	- Y	sac Walla		SOCIAL SECURITY NO. 11	7 124	Mary	Nutte				
		[Yes	, na, or unknown) 🏒 📗	f yes, give wer or doles of se	mce)	SOCIAL SECURITY NO.	_		lshaw,	Addr Nantic		arvl	and
ending ending lease r			1B. CAUSE OF DEA	TH [Enter only one con	se per li	(c). (b), and (c).	١	1			10	NTERVAL BE	ETWEEN
The off			PART I. DEA	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		enchal	, 1	Demond	TAR	9 .	, i	301	UD.
=			, 1	DUE TO	0	000		-	n C	5			0
as the			Conditions, if ar		50	reliability	Lī.	Krio Dee	كاكرو	الا	1	<u>s lye</u>	رمت
an. signe sit per nd in			coese (a), stating the lying couse last.									0	
physici os beer of-tran oval, o		ATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT I	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	EN IN PART 1(o	PERFC	AUTOPSY ORMED?
AN: The		CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED	. (Enler noture of injury in	Port I or Por	t II of item 18.)	•		
YSICE certifice os ti ation,		MEDICAL	20c. TIME OF INJURY		r 20d. I		. PLA	CE OF INJURY IHome, formory, street, office bldg., etc.	n, 20f. (Cit)	y or town)	(Coun	у)	(Stote)
H in the second		ME	p. m.	19	at war	k ot work				1	,		
of, o			21. I certify the	attended the	deceas		产	· , 19 4 8 to )	S214		Chat I last		
TENE the the tach tach buri	i		alive on	D8-41-	_ 125	and that de	ath	occurred at 5.1	∠M, frå	n the causes a great, city or town, :	nd on the o	date state	ed above.
ed by RECTO	1		ACTUAL	Lelian	. 6	mudu	Δl	io. Mai	Lety	Le Inc	J.	9	14/5
retain RAL She she			PHYSICIAN'S NAME (Type)	Richard H	. St	unders		N.	ntico	oke, Mur	vland		
HOIR hay be FUNEI age 3 he regit		220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOCA	TION (City, town, o	r county)	(Stol	ie}
may loge			Burial	9/16/56		Nanticoke	) (			nticoke,			
V5 A15 (4)	13	23	EUNERAL DIRECTOR'S	SIGNATURE	T	AODRESS			D BY REGIS	0/1/2	TRAR'S SIGNA	1 10	
15M 9/55	1	******	· XI · YY	INDIKE		Sivolve, M.,	Ι·Λ	Land - DATE)	2 1 <u>GE</u> .	3 //w	ydr. of	m	10
	4		/					,		0			V -

DECENTED

			MARYL	AND STATE DEP	AKIMENI OF	HEALTH	-BALTIMORE	, 18	9796 -
			981	6 CERT	IFICATE OF	DEATH		Reg. Dist.	V7.
1	\$4 )	1. PLACE OF DEATH  o. COUNTY  Wicc	mico	MAR	D. STATE	esidence (whe	re deceased lived. If ins b. COU	NIY W1COM1	
14	×		If outside corporate limits earest town)	0.4			etside corporate limits, wr		
	3	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, given		d. STREE	ardela TADDRESS FD # 1			6. IS RESIDENCE ON A FARM? YES X NO
		3. NAME OF DECEASED (Type or print)	Jame			Last	OF.	Month Pt. 16	Doy Year 19.56
		5. SEX		7. MARRIED 💢 NEVER MARI			9 AGE (In ye	ors IFUNDER 1	YEAR IF UNDER 24 HE
		Male	19 11 11 00	WIDOWED DIVORC	_   U M.II	26.187	8 78	yrs. Months D	ays Hours Min.
÷		10o. USUAL OCCUPATION during most of wor	DN (Give kind of work de king life, even if relired)	one 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRT	HPLACE (Stote o	r foreign country)	12. CITIZI	EN OF WHAT COUN
death	")	Farmer		Farm	S	cotland	<u>d</u>	USA	
£		13. FATHER'S NAME			14. MOTHE	R'S MAIDEN N	AME		
hours	*	James	Watson			ry Kide	1		
of Contract of Con		[Yes, no, or unknown]	ER IN U. S. ARMED FORC (If yes, give war or dates of ser			a? a		Address	
0 72		No	45 to per	None	Helen	watson	, Mardela,	Maryla	
t with			ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per line for (o), (b), and (c)	Julius	ary	elem	r(	INTERVAL BETWEEN ONSET AND DEATH
ever		ang a	DUE TO			1	2 , ,		
ony		Conditions, if o		aspenios	clerof	'c te	eart dis	scase	
u pu		coese (a), stating lying couse last.							
	0	Z PART II. OT	HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO D					
8		¥ /	A CONTRACTOR	A CONTRIBOTING TO B	EATH BUT NOT RELATED	TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART I	(a) 19 WAS AUTOPS
nava		1 Hu	pertrope	by of pro	take gl	and.	rith more	retento	PERFORMED?
ı, or remava		200. ACCIDENT WAS	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER)	by of pro	OCCURRED. Kepter notur	e of injury in Po	ort I or Port II of item 18.	retento	PERFORMED?
remation, or remavo		1 Hu	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER)	BY PLOT	take gl	e of injury in Po	ort I or Port II of item 18.	referto	PERFORMED? YES NO
oł, crematian, or remavo		200. ACCIDENT WOOD OR CONTRECTIONS OR CONTRECTIONS (IF EITHER, NOTIFY  20c. TIME OF INJUE Hour o. m. p. m.	AS UNDERLYING A  B CAUSE OF DEATH  MEDICAL EXAMINER  RY Month, Day, Year	DESCRIBE NOW INJURY OCCURRED While Not white of work deceased from	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Port of the Por	or I or Port II of item 18.	(Con	YES NO
ouriał, crematian, or remava		200. ACCIDENT WOOD OR CONTRECTIONS OR CONTRECTIONS (IF EITHER, NOTIFY  20c. TIME OF INJUE Hour o. m. p. m.	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS MEDICAL EXAMINER)  RY Month, Day, Year	DESCRIBE NOW INJURY OCCURRED While Not white of work deceased from	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Port of the Por	or I or Port II of item 18.	(Con	YES NO
to burial, cremation, or remaya		200. ACCIDENT WOOR CONTRIBUTIONS (IF EITHER NOTIFY) 20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the alive on	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS MEDICAL EXAMINER)  RY Month, Day, Year	DESCRIBE NOW INJURY OCCURRED While Not white of work deceased from	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Port Home, farm, fice bldg., etc.)	or I or Port II of item 18.	(Coo	YES NO (State of the state of t
oriar to burial, cremation, or remaya	1	200. ACCIDENT WOOR CONTRIBUTIONS (IF EITHER, NOTIFY HOUR O, m. p. m.  21. I certify the	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS MEDICAL EXAMINER)  RY Month, Day, Year	DESCRIBE NOW INJURY OCCURRED While Not white of work deceased from	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Port Home, farm, fice bldg., etc.)	20f. (City or town)  20f. (From the cause	(Coo	YES NO (State of the state of t
stral priar to burial, cremation, or removo	1	200. ACCIDENT WOOR CONTRIBUTIONS (IF EITHER, NOTIFY HOUR O. m. p. m.  21. I certify the alive on	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS MEDICAL EXAMINER)  RY Month, Day, Year	DESCRIBE NOW INJURY OCCURRED While Not white of work deceased from	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Port Home, farm, fice bldg., etc.)	20f. (City or town)  20f. (From the cause	(Coo	YES NO
registral priar to burial, crematian, or remava	1	200. ACCIDENT WOOR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTIO	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Year  19  19  1001-1 attended the Cause of Death Cause of Dea	20d INJURY OCCURRED While Not while of work of work and the	OCCURRED. Exper noture  20e. PLACE OF INJUR foctory, street, of	e of injury in Portifice bidgs, etc.)  At 1730/	20f. (City or town)  20f. (From the cause	(Control   los and an the way, stole)	YES NO South
the registral prior to burial, cremation, or remova	1	200. ACCIDENT WOOR CONTRIBUTIONS (IF EITHER NOTIFY HOUR O. m. p. m.  21. I certify the clive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify BULL' 1 B.	AS UNDERLYING AS	20d INJURY OCCURRED While Not while of work of work deceased from and the	20e. PLACE OF INJUR foctory, street, of the death occurred M.D	e of injury in Portifice bidgs, etc.)  At 1730/	20f. (City or town)  20f. (From the cause)  DORESS (Street, city or town)	(Control   los and an the way, stole)	yes No Sonty) (State of the state of the sta
the registral prior to burial, cremation, or remava	1	200. ACCIDENT WOOR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTIO	AS UNDERLYING AS	20d INJURY OCCURRED While Not while of work of work and the	20e. PLACE OF INJUR foctory, street, of the death occurred M.D	e of injury in Portifice bldg., etc.)	20f. (City or town)  20f. (City or town)	(Control   last control   last contr	PERFORMED? YES NO S  Note: No S  Yes No S  Note:

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	981	1	DICAL	,						Dist. No		//
PLACE OF DEA     O. COUNTY		cest	or Th	comicARYE	40.00	Maryl		sed lived. If Insti b. COUN	tution, Resi			ission)
b. CITY OR TO	WN (If outside corporate I	bury	TURAL	c. LENGTH OF STAY II		rlin	f outside cor	porote limits, writ	e RURAL o	nd give r	neorest to	wn)
	ospital or institu ningula Ge			ital, give street address pital	d. STREET	F D#	2				e. IS R ON YES	A FARM
3. NAME OF DECEASED (Type or print)	Baby	First		Boy Middle	White	ast	4. DATE OF DEATH	Man	th 9-	Day 17		ear 9 5
5. SEX	6. COLOR OF		MARRIED	NEVER MARRIED	0 77			9. AGE (In years lost birthday) yrs.	Months	R 1YEAR Days	Hogs	ER 24 HR Min.
during most of NONE	JPATION (Give kind oworking life, even if	of work do retired)	one 10b. Kit	NO OF BUSINESS OR H	NOUSTRY 11. BIRTHI	PLACE (State	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTR
John	WE H. White				14. MOTHER Esth	er Foo						
15. WAS DECEAS	ED EVER IN U. S. AR		rvice)	OCIAL SECURITY NO.	17. INFORMANT	White	fatha	Addres	-			
	DEATH (Enter only DEATH WAS CAUSE IMMEDIATE CA	D BY:	per line fo	one r (o). (b). ond (c).] Hemorrhage			-1 a tile	r- Berli	ii, Pic	INTE	RVAL BETWEET AND DE	ATH
Canditions,	DEATH WAS CAUSE IMMEDIATE CA if ony, which immediate couse	D BY:	per line fo	or (o), (b), and (c).]			-1a wie	r- Berli	ii, Pio	INTE	ET AND DE	ATH
Canditions, gave rise to (a), stating cause lost.	if ony, which immediate couse the underlying	D BY: LUSE (b) DUE TO (b) OUE TO (c) NT CONDI	per line fo	or (o), (b), and (c).]	from core	1				RT 1(g) 1	hour hour	AUTOPS'
Canditions, gave rise to (a), storing cause last.  PART II  20a. EXTERNA PRIMARY ES a CAUSE OF DE	if ony, which immediate couse the underlying of	D BY: LUSE (b) DUE TO (b) OUE TO (c) NT CONDI	TIONS CON	o (o). (b). ond (c).] Hemorrhage	from cond	O THE TERM	INAL DISEAS	E CONDITION GI		RT 1(g) 1	hour hour	AUTOPSY
Canditions, gave rise to (a), stating cause lost.	DEATH WAS CAUSE IMMEDIATE CA	D BY: LUSE (b) DUE TO (b) OUE TO (c) NT CONDI	DESCRIBE I	Hemorrhage  ATRIBUTING TO DEATH  HOW INJURY OCCURE  I tie lose  LIURY OCCURED  Not while	from cond	O THE TERM	INAL DISEAS	E CONDITION GI	IVEN IN PA	INTEGONS 8	hour hour  9. Was PERFO YES	AUTOPS'
Canditions, gave rise to (a), stoting cause last.  PART II  PART II  20a. EXTERNARY EN CAUSE OF DE Hour 8  21. I certifi	if ony, which immediate couse the underlying of	D BY: LUSE (a) DUE TO (b) NT CONDI  20b.  20b. harge	DESCRIBE I C OF C  20d. IN While of work af the re	Hemorrhage  ITRIBUTING TO DEATH  HOW INJURY OCCURE  I tle loose  JURY OCCURED  Of while  of work	BUT NOT RELATED TO RED. (Enter noture of PLACE OF INJURY foctory, street, offi Home above, held a	O THE TERM injury in Por (Home, farmed bidg., elc	INAL DISEAS  I Lar Port II  n. 20f. (Cit)  Be:	E CONDITION GI of item 18.)	VEN IN PA	ART 1(a) 1	hour hour  9. Was PERFO YES	AUTOPS PRIMED? NO []
Canditions, gave rise to (a), stoting cause last.  PART II  PART II  20a. EXTERNARY EN CAUSE OF DE Hour 8  21. I certifi	if ony, which immediate couse the underlying of	D BY: LUSE (a) DUE TO (b) NT CONDI  20b.  20b. harge	DESCRIBE I C OF C  20d. IN While of work af the re	Hemorrhage  ITRIBUTING TO DEATH  HOW INJURY OCCURE  I tle loose  JURY OCCURED  Of while  of work	BUT NOT RELATED TO RED. (Enter noture of foctory, street, offine abave, held a Suicide,	O THE TERM injury in Por (Home, farn ce bldg., elc n Autops Hamicide MEDICAL EX	INAL DISEAS  I Lar Port II  n. 20f. (Cit)  Be:	of item 18.)  of item 18.)  y or town)  r lin  nspection  ndetermined	VEN IN PA	ART 1(a) 1	P. WAS PERFOYES	AUTOPSSPRAED? NO [X] (Slote) Md .
Conditions, gover its to (a), stoting cause last.  PART II  20a. EXTERNA PRIMARY 23a  CAUSE OF DE  21. I certification of the control of the	if ony, which immediate couse the underlying of	D BY: USE (a) DUE TO (b) IT CONDI  206.  206.  19 50 harge tural co	DESCRIBE I C or c 20d. IN While of work of the re	Hemorrhage  STRIBUTING TO DEATH  HOW INJURY OCCURRED  JURY OCCURRED  J	EUT NOT RELATED TO RED. (Enter noture of Home abave, held a Suicide,	O THE TERM injury in Por (Home, farm ce bldg., etc  n Autops Hamicide MEDICAL EX	INALDISEAS  I dr Port II  Be:  J U  XAMINER   EXAMINER   EXAMINER   22d. LOCA	of item 18.)  y or town)  r lin  nspection  ndetermined	VEN IN PA	ounty) este	P. WAS PERFO YES D  OATE:	AUTOPS: PRMED? NO []  (Slote Md. find #

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Act.

TO FUNER IRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar for to burial-cremation,

or remayor. forworder TO FUNER

YS. A15ME(5) 5M 9/55

or to buriok cremation,

BECEINED

Z .V UABAU

2EP 19 1956

death

CERTIFICATE OF DEATH

The state of the s

BUREAU V. S

A ROLL DESCRIPTION OF THE PARTY AND ASSESSMENT

SEP 28 1956

BECENTED